

**WINTHROP UNIVERSITY
TELECOMMUTING ACTIVITY TRACKING LOG**

To be submitted to supervisor weekly by close of business on Friday

Employee Name: _____

Supervisor Name: _____

CWID: _____

Department: _____

Work Activities for the Week of: _____

| DATE | HOURS WORKED ON CAMPUS (Ex. 8:30 am – 12:30 pm) | ACTIVITIES COMPLETED (Ex. Completed file review and drafted finding report.) | HOURS WORKED REMOTEY (Ex. 1:30 pm – 5:00 pm) | ACTIVITIES COMPELTED (Ex. Processed and responded to 10 customer requests for information) |
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I certify that the information submitted above is accurate:

Employee Signature: _____

Date: _____

To be maintained by the supervisor in departmental records and made available to HR upon request.